

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013027

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318  
FILED APR 12 1962

Primary Registration District No.

1003

Registrar's No.

3625

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. LouisLength of stay in lb  
4 Mo 10 Dac. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Firmin Desloge HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Texas b. COUNTY Dallasc. CITY OR TOWN Dallas Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 1212 Lomo Alto Drive  
Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

WILLIAM

FRANCIS

MURDOCK

4. DATE  
OF DEATH

Month

Day

Year

April

5

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-7-1898

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10b. KIND OF BUSINESS OR INDUSTRY

Murdock Lead Products Galena, Kansas

11. BIRTHPLACE (City and state or country)

USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

E. J. Murdock

13b. MOTHER'S MAIDEN NAME

Margaret Murphy

14. NAME OF HUSBAND OR WIFE

Leita L. (Bremer) Murdock

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

Yes

W. W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

1212 Lomo Alto Dr.  
Mrs. Leita Murdock, Dallas, Texas18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Brain Abscess &amp; Edema

INTERVAL BETWEEN  
ONSET AND DEATH

5 mos

DUE TO (b)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (c)

342x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. -I attended the deceased from Nov. 25, 1961, to April 5, 1962, last saw her alive on 4-5-62

Death occurred at

34

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Maurice A. Palazzo MD

(Degree or title)

22b. ADDRESS

4161 Lindell, St. Louis, Mo.

22c. DATE SIGNED

4-5-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

4-9-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

Joplin, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

C. G. Kurrus, Jr., E. St. Louis, Ill

25. DATE RECD. BY LOCAL REG.

APR 5 1962

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

*LaPalme*  
*4161 female*  
*3-5*

**STATEMENT BY LICENSED EMBALMER**

*not embalmed*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signed \_\_\_\_\_

*Mrs. Carrie Kurrus*

Signature of Student Embalmer

51-0-1

St. Louis, Mo.

1911

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.